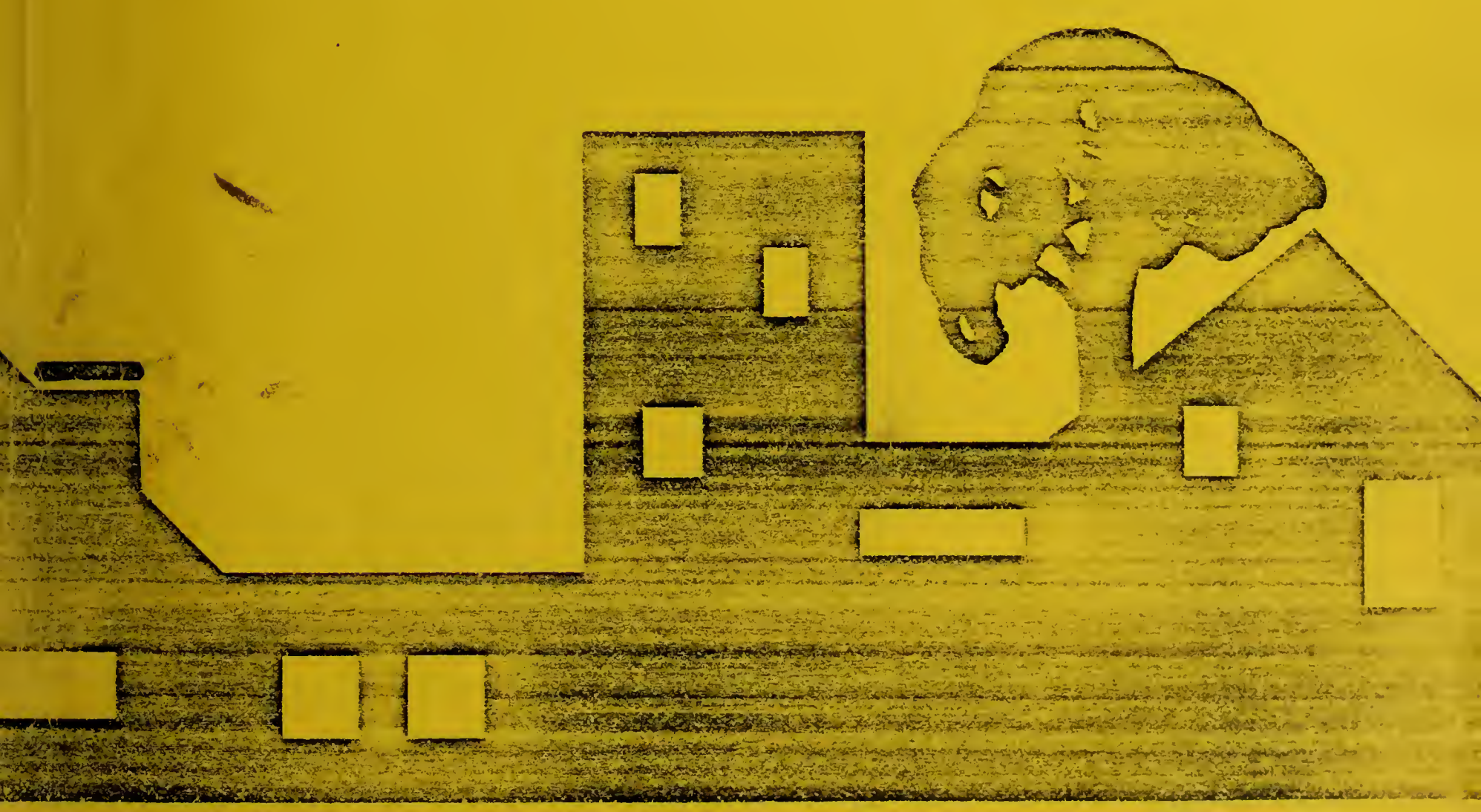
GUIDELINES for the Planning & Management of Public Congregate Housing for Elders

SEPTEMBER/1978



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GUIDELINES FOR THE PLANNING AND MANAGEMENT OF PUBLIC CONGREGATE HOUSING FOR ELDERS

SEPTEMBER, 1978

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I. Statement of Purpose

The need to provide suitable living arrangements for elders, particularly those who require supportive services to remain independent, has been recognized by the Commonwealth. The ideal solution is to provide coordination of health and social support services for residents of all elderly housing developments. This approach would enable elderly persons to remain in an independent residential environment until increasing frailty makes it necessary to seek a more suitable living arrangement. Whenever possible, such support service coordination is being provided or encouraged throughout the Commonwealth.

There are many elderly persons who require more than just support service coordination to maintain independence, however. Some may need more social interaction, some may have been institutionalized and feel unable to cope with totally independent living, and still others may desire the style of living offered by cooperative or shared apartments. Whatever the reason, there is a definite need for a variety of living arrangements for elders, one of which is referred to as "congregate housing." To aid in meeting this need, the Departments of Elder Affairs, Community Affairs, and Public Welfare have prepared these guidelines as a first step towards developing a State Congregate Housing Program for elders.

These guidelines are intended to provide the basic background on congregate housing. Although designed to assist local housing authorities in the development and administration of state-aided housing, they could be modified and used by non-profit and private concerns as well.

Congregate housing is a generic term used to describe a shared living environment designed to integrate shelter and service needs of frail elders. This form of living environment most commonly is characterized by design concepts which feature sharing of certain facilities (i.e., cooking, dining, bathing, and recreation). The goal of congregate housing is to assist elders in maintaining independent life-styles through the provision of supportive services, and thus avoid unnecessary or premature institutionalization. Thus, congregate housing is a residential environment which has design and operational adaptations which address the requirements of persons who both need and prefer a supportive non-institutional living arrangement.

Congregate housing is neither a nursing home nor a medical care facility. Congregate housing does not offer continuous supervision of residents. Those services which are made available should be designed to aid residents in managing the daily activities of independent living, and should be provided on an "as needed" basis, thus avoiding unwarranted dependency

on supportive services. Congregate housing, therefore, functions to (1) meet the basic shelter and service needs of the frail elder, (2) assist the frail elder in maintaining his/her independent life-style, (3) provide a viable residential option to fill the gap between totally independent and institutional living environments, and (4) offset the social isolation so often experienced by elders.

II. Definitions

The following definitions shall apply as used in this document. Words or terms not identified in this section shall retain their commonly understood meaning.

A. Congregate Housing: a non-institutional residential shared living environment which integrates shelter and service needs of the functionally impaired and/or socially isolated elder who does not require the constant supervision and/or intensive health care of an institution. The shared living environment includes at least two of the following: a) shared accessible community space, b) shared kitchen facilities, c) shared dining facilities, d) shared bathing facilities.

B. Frail Elder: any elderly person who has a functional impairment and/or is socially isolated and is not capable of leading a totally independent life, yet does not require the constant supervision and/or intensive health care of an institution.

C. Functional Impairment: any static or slowly progressive physical condition which inhibits or causes difficulty with the conduct of daily living activities.

D. Project Manager: the employee of the local housing authority who is responsible for the customary LHA management functions.

E. Supportive Service: those services which aim to support a resident of congregate housing to maintain or return to an independent or semi-independent life-style. These may include, but are not limited to, meal, homemaker, chore, home health, personal care, and transportation services.

F. Supportive Service Package: those services which have been developed and coordinated to meet specific needs of particular residents of congregate housing on an "as needed" basis.

G. Supportive Service Sponsor: that agency or body which is responsible for the delivery of supportive services to congregate housing.

H. Supportive Service Coordinator: the person who manages the service component of a congregate housing facility and coordinates the delivery of structured supportive services.

III. Interagency Coordination

An essential element of a successful congregate housing program is the coordinated involvement of appropriate state and local agencies. Such coordinated involvement must commence in the planning feasibility stage and continue throughout the life of the project.

A. State

On the state level, those agencies which should have responsibilities for the program include: the Department of Community Affairs; the Department of Elder Affairs; the Department of Public Welfare, Medical Division and any other agency whose clients may be residents of the congregate housing facility. The Department of Community Affairs shall be concerned with the actual building design, project location, and the development and management of the housing project. The Department of Community Affairs has an obligation according to Massachusetts General Laws Chapter 121 B Section 40 to reimburse the deficiency in the budget of local housing authorities. The Department of Elder Affairs, the major state agency for elderly programs, shall, in cooperating with the state aging network (e.g. Area Agency on Aging/Home Care Corporation), provide planning assistance and identify local resources for the development of congregate housing services. The Department of Community Affairs and the Department of Elder Affairs are currently preparing a Memorandum of Understanding to identify each agency's authority and financial responsibility to assure that each resident is provided with adequate housing and an appropriate level of supportive services. The Department of Public Welfare, Medical Division is committed to the identification and development of alternatives to institutionalization, and shall offer wide range assistance in planning and service delivery for congregate housing.

B. Local

On the local level, those service agencies which should be involved in the preliminary planning phase for congregate housing include: the local Housing Authority; the Area Agency on Aging and/or the Area Home Care Corporation; the local Home Health Agency or Visiting Nurse Association; the

local Council on Aging; other local agencies which offer services which may be needed by residents of the congregate housing; and local units of government. These agencies will form the nucleus of the shelter and supportive services design. Specifics regarding target population, supportive services, building design and site should be determined with the assistance of these agencies.

The Department of Community Affairs, the Department of Elder Affairs, the Department of Public Welfare/Medical Division, the local Housing Authority, the Area Agency on Aging or Home Care Corporation and the local Community Health Agency shall enter into a Memorandum of Understanding which identifies each agency's responsibilities and commitments for funding or service delivery. A copy of the Memorandum of Understanding shall be provided to each participating agency.

C. The Aging Network

On November 28, 1973, the Department of Elder Affairs was created. As the first cabinet level State Agency on Aging in the nation, the Department was vested with full statutory authority to develop service programs for elders and to represent this population group at the highest level of state government. Creation of the Department of Elder Affairs allowed for the development of an administrative structure to respond to the specific and sometimes unique needs of the elder Massachusetts resident.

The enacting legislation (Chapter 1168) which created the Department, provides statutory authority for the Department to work in conjunction with other state agencies in the development of regulations, standards and policies which affect elders in a number of areas, among which is the development of standards for state-aided housing for elders. As the designated single State Agency on Aging, under the Older Americans Act, as amended, the Department must fulfill both Federal and State mandates to coordinate those programs of other state agencies which are designed to address the problems of elders.

The Department has put into place a network of regional Area Agencies on Aging (AAA). The 27 AAA's are responsible for the planning and coordination of services for elders within specified geographic areas. Following approval of an Area Plan which evaluates priority needs and sets implementation procedures, the Department allocates appropriate funds to each AAA to meet the objectives of both the Area and State Plans.

As part of the Aging Network, Home Care Corporations provide those services necessary to support elders in a community-based setting. It should be noted that most of the Home Care Corporations serve in a dual capacity as Area Agencies on Aging. In their role as Home Care Corporations, these non-profit organizations offer direct services to elders in the areas of case management and information and referral. Other supportive services are generally obtained through sub-contracts with existing community service agencies. Each Home Care Corporation offers six core services: (1) Homemaker, (2) Chore, (3) Transportation, (4) Case Management, (5) Protective Services, and (6) Information and Referral. Home Care Corporations offer other services as well. These services vary from location to location and may include housing, nutrition, health, legal and other advocacy assistance.

Rounding out the state's Aging Network is a group of 291 Councils on Aging. These local agencies are established by local ordinances or by-laws. Councils on Aging coordinate or carry out programs designed to meet the needs and problems of the elderly. State funds are available to legally mandated Councils on Aging. Department of Elder Affairs grant awards are made to Councils on Aging for planning and coordination of services for elders.

D. The Home Health Service Network

There are approximately 150 Home Health Agencies in Massachusetts which provide nursing, therapeutic, and homemaker-home health aide services to persons requiring such health services at home. Under newly proposed Medicare regulations, all certified agencies must provide nursing, home health aide, and one other service (e.g. physical therapy, occupational therapy, speech therapy, or medical social service). Many agencies currently provide all or a majority of these services.

Referrals for home health services can be made by the prospective patient's physician, hospital, clinic, family, the patient him/herself or other service agency. The home health agency may perform an initial assessment without a physician's order, but any further services must be authorized by the patient's physician.

Generally, home health services are provided by visiting nurse associations or local boards of health. These agencies tend to provide services within their city/town, although many service adjacent and nearby cities/towns. Only 3% of the population in Massachusetts is not covered by a home health agency. In addition, there are several

communities which have non-certified home health agencies. Since Medicare and Medicaid can only reimburse certified agencies, these non-certified agencies receive no Medicare or Medicaid reimbursement. The majority of these non-certified agencies are local boards of health, many of which provide free service or service at a minimum charge. If a housing authority were to develop a congregate housing site in either a community not covered by a home health agency or a community covered by a non-certified agency, the housing authority should contact Medicaid's Home Health Program. Medicaid will work to develop a plan to assure that the necessary home health services can be provided by a certified agency and thus reimbursed by Medicare and Medicaid.

Home Health services are an essential part of the effort to prevent premature or unnecessary institutionalization of elderly persons. The services are ideally suited for persons living in congregate housing who require intermittent home health services.

IV. Components of Congregate Housing

Unlike conventional housing facilities which focus primarily on business management in terms of operational responsibilities, congregate housing facilities have several operational components which are interdependent. The traditional separation of housing and social services in conventional housing is gradually disappearing. Programs such as congregate housing which combine management, social and health services as a total package represents a new approach to providing housing as a viable alternative to institutionalization of elderly.

A. Housing Management

The nature of congregate housing and the characteristics of congregate housing residents require management skills which exceed in scope those required for management of conventional housing for the elderly.

The project manager must have an understanding of the needs of elders and shall work in conjunction with the supportive service sponsor to ensure congregate housing residents quality shelter and an adequately supportive living environment. As in conventional housing for the elderly, the project manager shall be required to comply with existing rules and regulations which govern the administration of state-aided housing for the elderly as well as any and all agreements and contracts which bind housing management, the supportive service sponsor, local health agency, and their respective authorized agents.

In general, the project manager shall be responsible for the efficient business operations and maintenance of the congregate housing facility and its grounds, thereby ensuring residents of a safe, decent living environment. The local Housing Authority shall designate a specific individual who shall be responsible for the day to day management of the development.

B. Supportive Service Coordination

The Supportive Service Sponsor (i.e., Home Care Corporation or other non-profit service agency) will designate and fund a Supportive Service Coordinator. Through the Supportive Service Coordinator the Supportive Service Sponsor will have a direct and significant impact on the daily life of each resident. This impact will range from the initial application process through the termination of residency.

Supportive Service Sponsors will have the ultimate responsibility for coordinating supportive services made available to congregate residents. Coordination activities shall encompass: (1) tenant selection and transfer, (2) essential services (food, housekeeping, personal care), (3) accessing existing community resources for residents, (4) development of medical resource programs, (5) development of social programs (transportation, recreation, counselling), and (6) general tenant relations to ensure that residents receive the necessary supports to maintain as independent a lifestyle as possible; thereby forestalling institutionalization.

C. Health Component

Congregate housing is not to be defined or viewed as a type of medical facility. However, it is extremely important to provide for a well-defined program during the planning process which incorporates health support with social service support. This linkage should involve the local community health agency (i.e., Visiting Nurses Association).

The local community health agency shall assume responsibility for the delivery of home health care to include, but not limited to: health screening, health crisis interventions, acute care nursing follow up, and health maintenance to congregate residents.

In addition, the local community health agency, in conjunction with the supportive services sponsor, should participate in planning assessment and tenant selection procedures, and planning and implementing transfer agreements with local hospitals, health clinics, nursing homes, and private physicians to ensure adequate health care.

V. Management Planning Concerns

Although daily management of a congregate housing facility does not begin until the end stages of construction, management planning must precede actual development plans. Many management decisions will affect the design of a facility, as well as location and size.

The first step in management planning is to convene representatives of local community health, social, and civic agencies to acquaint them with the proposal to develop congregate housing and enlist their cooperation and support. Local agencies can provide valuable assistance in the conceptualization of building design and identification of target population and local services and resources. Elders in the community who may eventually reside in the facility should be included in this process.

A. Target Population

Persons appropriate for congregate housing should have the social and physical capacity to live independently, but may have need of one or more support services to maintain the quality of their independence. The target population for congregate housing is therefore considered to be frail elderly. However, the acceptable degree of frailty with regard to the availability of supportive services in a certain community must be carefully evaluated by local agencies on an individual basis. The extent to which a full range of supportive services will be available to residents of congregate housing will determine the specific target population for individual congregate housing facilities.

B. Local Services and Resources

Health and social services available to residents in a given community must be identified at the outset of congregate housing planning as well as various agencies' capability for delivery of such services to residents of a congregate housing facility. The scope of health and social services and resources in a given area will help form the design of the actual housing structure and the supportive services network. However, availability of services in a community does not assume the coordination of service delivery or accessibility for congregate housing residents. Careful planning with and funding commitments from local agencies which offer health and social services will assure integration of community services with residents of congregate housing. An interagency agreement, in writing, must be negotiated to clearly define each agency's specific responsibilities

before congregate housing is approved for construction.

C. Multidisciplinary Assessment Team (MAT)

A major management concern which may surface during the initial planning stages is that of selection of tenants with regard to appropriateness for congregate housing and degree of frailty. The established application review procedures employed by most local housing authorities do not encompass the health and social service considerations unique to congregate housing. Consequently, a multidisciplinary assessment team should be organized sometime in the early planning stages to assure qualified review of applications for congregate housing. The multidisciplinary assessment team should include persons from the health, social service, mental health, and housing fields to provide a broad perspective. It may not be necessary for all applications for congregate housing to be reviewed in depth by this team, but there are likely to be several applicants for any one congregate housing facility whose suitability and appropriateness for congregate housing need careful assessment. It is recommended that the multidisciplinary assessment team seek the input of tenants following an applicant's visit to the facility. Tenants shall not have access to applications or confidential material. (See Tenant Selection and Occupancy, 1. Waiting List.)

D. Architectural Design

Architectural design for congregate housing will vary with the target population, geographic area, type of project (new construction or rehabilitation) and local zoning regulations. There is no one best style or design for congregate housing, but there are some basic preferences and suggestions which should be carefully considered when designing a congregate housing facility. Each local housing authority, as part of its development program, shall form a Citizens Advisory Committee (CAC) which shall have among its members elders and potential residents. This committee assists in housing design and other aspects of development.

1. Shared Facilities

One of the basic design concepts of congregate housing is that of shared facilities. Congregate housing must be designed to provide in each congregate building an assured range of shared facilities for the occupants. These shall include a minimum of two of the following: a) shared accessible community space, b) shared kitchen facilities, c) shared dining facilities, d) shared

bathing facilities. However, a key consideration in deciding on the extent of space to be shared on a congregate facility is the number of persons who can successfully share a given area. Certain spaces such as kitchen and bath are apt to be difficult to share with more than four persons. Experience in several congregate facilities has shown that tenants prefer their own kitchen space and bathroom or toilet facilities. Congregate housing should be planned with kitchen units to be shared by no more than five persons, unless each individual's living unit or apartment will contain a mini kitchen for preparing light meals and snacks. Bathing facilities may be shared by up to five persons, but every individual should have private lavatory facilities. While congregate housing is viewed as a vehicle to reduce isolation through provision of shared physical space, the need for privacy and personal territory must not be overlooked.

2. Freestanding vs. Clustered Units

The decision to develop freestanding congregate housing facilities or incorporate congregate apartments in a large facility depends on several factors outlined at the beginning of this section. Most often rehabilitation projects lend themselves to freestanding congregate housing facilities, whereas new construction might want to incorporate both independent and congregate housing in one development. A freestanding congregate housing building would most likely house a larger number of frail elderly in one setting than would congregate housing units incorporated in a large facility. Consequently, availability and coordination of supportive services may need to be stronger for freestanding congregate housing units to meet the demand created by a concentration of frail elderly.

VI. Operation/Service Planning Concerns

The average congregate housing tenant may require a variety of supportive services to maintain independence. The availability of supportive services will play a major role in determining an applicant's suitability for congregate housing. Therefore, supportive services to be available at any congregate housing facility must be identified and arranged in the early planning stages.

A. Range of Services

Although some tenants in a congregate housing facility may not require any supportive services at the beginning of tenancy, basic core services including maintenance of daily living activities, home health, specialized or emergency services, and social integration services should be available in anticipation of their eventual need. In addition to the specific supportive services outlined in section VII B, there are several operational or service management issues which must be addressed as well. A responsible individual should be available to a congregate housing facility twenty-four hours a day to provide emergency assistance.

B. Responsibilities of Supportive Services Coordinator

The Supportive Services Coordinator of public congregate housing is responsible for the coordination of social and health support aspects of the housing facility. The health and social responsibilities of a Supportive Services Coordinator include:

1. Development of a resource listing of all community services and agencies.

2. Preparation and maintenance of tenant service files.

3. Referral of residents to appropriate agencies for delivery of support services.

4. Initial planning and encouragement of tenant groups such as buddy systems, activity groups, volunteer worker systems.

5. Integration of residents with community resources.

VII. Supportive Service Description

There are two categories of support services: pre-occupancy services and services for occupants.

A. Pre-Occupancy Services

1. Outreach, screening, assessment and identification of service needs for potential residents.

(a) With the exception of outreach, these services are necessary for all applicants for supportive

community residences. Outreach services would generally only be provided for initial start-up for a supportive community residence.

(b) Services are coordinated by the service manager and performed by the service manager and the home health agency.

2. Mechanics of moving, including counselling related to moving trauma, arrangements for release of current residence, the physical move and resolving changes in SSI status and other financial matters.

These services are coordinated and performed by the agency that made the referral for placement and/or the supportive services coordinator.

3. Home care and home health support services while awaiting admission.

(a) These services are obtained for those individuals who have been accepted for an available unit in a public congregate housing facility.

(b) Services are coordinated by the service manager and performed by the appropriate agency.

(c) Persons on a waiting list will be referred to the appropriate agency by the manager, but case management and coordination will be limited to persons about to move in or already a resident.

B. Services for Occupants

1. Maintenance

(a) housekeeping assistance

(b) shopping assistance

(c) congregate meal

(d) transportation

(e) personal care

(f) laundry assistance

2. Home Health

   (a) physical, occupational and speech therapy (homebound)

   (b) health screening

   (c) acute care nursing follow-up

   (d) health crisis intervention

   (e) health education

   (f) health maintenance

3. Specialized and/or Emergency Services

   (a) physical, occupational and speech therapy (ambulatory)

   (b) first aid, medical crisis

   (c) protective services (legal aid, guardian)

4. Social-Integration Services

   (a) assessment and follow-up

   (b) counselling

   (c) activities program

   (d) use of community resources (YMCA, church groups)

   (e) trips, social functions

   (f) caring services (friendly visitors)

   (g) maintenance and improvement of informal support systems (buddy system, volunteer receptionist)

VIII. Eligibility, Tenant Selection, Lease Agreement, and Occupancy

Tenant eligibility and selection for public congregate housing shall be determined based on two sets of criteria. Each applicant for public congregate housing must first satisfy requirements as set forth in Sections 3, 4, and 6 of the Department of Community Affairs' Regulations for Eligibility in State Aided Public Housing, (1973). as amended, and must be determined to be suitable for congregate housing by a multi-disciplinary assessment team.

A. Eligibility

To be considered for admission to public congregate housing, applicants must meet age, income and asset requirements as established in the Regulations for Eligibility in State-Aided Public Housing, (1973), as amended.

1. Each applicant must be age sixty-five (65) or over except where there exists a surplus of housing units, the age requirement may be reduced by the LHA to age sixty-two (62).

2. Each applicant must have an annual adjusted income not exceeding (a) $6,000. for a single person or (b) $6,300. for a couple.

3. Each applicant's total assets must not exceed (a) one and one-half (1½) times their income or (b) $10,000., whichever is greater.

B. Tenant Selection

Determination of the applicant's suitability for congregate housing shall be based on criteria of functional capacity, health, social need and the likelihood that the resident will remain in a congregate setting for a minimum period of one year barring infrequent, unexpected, acute episodes of illness. Applicants determined to be appropriate tenants for public congregate housing shall be elderly persons who, while capable of independent living, require one or more supportive services to maintain quality living conditions. Appropriate tenants may or may not have physical impairments. Some applicants may have an emotional or social need for group living environment, and others may have physical limitations which require that they receive some minimal assistance. Applicants with terminal illnesses, history of regular acute illnesses or in need of regular nursing care in the home are not considered appropriate for congregate housing. No applicant shall be accepted into public congregate housing who requires maximal assistance to carry out activities of daily living or who requires constant supervision.

The tenant selection process shall consist of two (2) phases. The first phase shall be completion of an application/questionnaire which include standard eligibility and income questions as well as a supportive service needs assessment of each applicant, and submission of a standardized physician report which attests to the applicant's physical, mental, and social health status. The application/questionnaire should be reviewed by the

project manager and support services coordinator to determine basic eligibility. The applicant/tenant physician's report should be interpreted by the local home health agency in conjunction with the project manager and the supportive services coordinator to determine extent of supportive service needs. Phase two of the selection process shall consist of an applicant interview and site visit. The applicant shall be interviewed by a member of the MAT, who, through the interview process, will assess the applicant's ability to think clearly, identify time and space, and initiate and complete tasks. The site visit would enable the applicant to assess the congregate housing environment first hand and seek answers to any questions regarding congregate housing.

C. Lease Agreement

When planning housing for the elderly, there is always concern over what action to take when an elderly person becomes too frail to live independently, or is unable to live cooperatively with other tenants. The following additions to the standard lease agreement may help to alleviate this problem.

- management may terminate lease if a resident displays substantial inability to live cooperatively and in common with other residents

- management may terminate lease when a resident's physical or mental health problems require professional care and supervision which cannot be made available at the congregate cluster

- management may terminate lease if a resident has a persistent drinking problem

Another potential problem is that of persons attempting to circumvent the regular waiting list of a local housing authority by choosing congregate housing and then requesting a "transfer for good cause," for example, due to inability to adjust to shared living. This "loophole" can be eliminated by a statement in the lease agreement which states that persons who choose congregate housing may not transfer to another public housing unit for a minimum of six months.

1. Adequacy of Support Services

When it becomes apparent to the supportive services coordinator or the project manager that a resident's level of service delivery is insufficient to meet health and safety needs, a case conference with members

of the MAT should be held to discuss alternative service or living arrangements. Such a conference shall include all individuals involved in delivery of supportive services to the resident, as well as the resident and the resident's family or advocate.

2. Assistance in Moving

It is well recognized that there is a risk in displacing elderly persons even when the move is in the best interests of the individual. Elderly persons are hesitant to change their surroundings and face adjustment to a new environment, even when their present living situation is lacking in comfort, safety, or services. The need for sensitivity, understanding, patience and professional counselling is therefore vital to the success of any elderly move. Once the MAT and other concerned parties have determined that an individual needs more supportive services than can be provided in the congregate housing setting, the supportive service coordinator will provide full assistance in relocation, including arrangement for counselling, attending to personal affairs and actual moving. All such services and assistance shall be provided in conjunction with the resident and his/her family or advocate.

D. Occupancy

1. Waiting List

The nature of congregate living and the characteristics of congregate housing residents require that innovative tenant selection efforts be established. Applicants for public congregate housing must apply to their local housing authority.

Local housing authorities shall, as units become available, allocate units according to a waiting list. Housing authorities with congregate facilities should establish a separate waiting list for applicants to congregate housing as authorized under the provisions of Section 10 of the Department of Community Affairs' Regulations Prescribing Standards and Procedures for Tenant Selection and Transfer, (1976), as amended. This section allows a local housing authority to apply to DCA for waiver to the Tenant Selection Regulation. The Alternative Tenant Selection Plan must be consistent with the intent of the Tenant Selection Regulation.

When an applicant submits an application for public housing, and desires congregate housing, the applicant must specify a preference for congregate living.

Applicants may simultaneously be maintained on both the standard waiting list and the congregate waiting list. An offer of a congregate unit shall not be considered as a unit offer by the local housing authority if the applicant refuses the congregate unit. Priority must be given to those elderly individuals currently residing in public housing. Individuals on the local housing authority's waiting list as well as persons in the community who are "at risk" of institutionalization will be chosen for residence in chronological order of application.

2. Outreach

It may be necessary for the local housing authority to conduct outreach efforts to inform the eligible population of the availability of congregate units. These efforts should focus on hospital discharge planning, nursing homes, and local service agencies. It is recommended that the local housing authority coordinate outreach efforts with those agencies integrally involved in the overall planning process.

3. Termination of Residency

The goal of congregate housing is to assist the elderly resident in sustaining independent living through the provision of sensitively designed support packages. The first priority is to maintain the older persons in a residential setting. However, when a congregate housing resident has been found to be unable to remain in the congregate housing environment due to excessive need for support services, it will be necessary to terminate residency.

Policy concerning termination of residency shall be set forth in the lease agreement and should be carefully explained to the applicant before and during orientation.

If termination of residency becomes necessary, such termination must be in accordance with Regulations Prescribing Lease Provisions for Public Housing, as amended. The local housing authority may utilize the findings of the MAT regarding adequacy of support services in relation to health and safety needs of a resident to support eviction proceedings under Section 6.2.2 and 6.2.4 of the aforementioned Regulations.